

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Pedro	MI
	NICKNAME	LAST Valencia	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	225 Matlage Way Ste 1012 Sugar Land TX 77487		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 410-1308	EXTENSION
	OFFICE USE ONLY		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Hector	MI
	NICKNAME	LAST Guzman	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
	600 E. Medical Center Apt. W404 Webster TX 77598		
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 998-1137	EXTENSION
	Date Received		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	12	08	2025
THROUGH		Month	Day
		12	31
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
03 / 03 / 2026		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	
		<input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			Fort Bend County Treasurer
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
<input type="checkbox"/> GENERAL	Pedro for Fort Bend		
<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		
	225 Matlage Way Ste 1012 Sugar Land, TX 77487		
	COMMITTEE CAMPAIGN TREASURER NAME		
	Hector Guzman		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	600 E. Medical Center Apt. W404 Webster, TX 77598		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

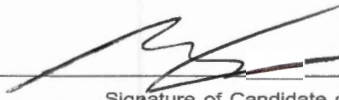
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Pedro Valencia

16 Filer ID (Ethics Commission Filers)

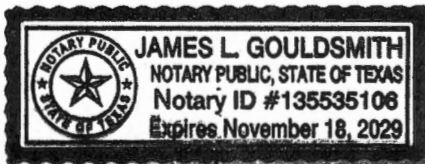
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 740.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5303.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 740.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by J. L. Gouldsmith this the 31 day of March, 2026, to certify which, witness my hand and seal of office.

JL Signature of officer administering oath J. L. Gouldsmith Printed name of officer administering oath Notary Public Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Pedro Valencia		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 740.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5000.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 5,328.48
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME Pedro Valencia		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tonia Howze	7 Amount of contribution (\$)
01/03/2026	6 Contributor address; City; State; Zip Code 2905 Sandcove Ct League City TX 77573	\$25.00
8 Principal occupation / Job title (See Instructions) Regional Director		9 Employer (See Instructions) USAF
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernando Arriaga	Amount of contribution (\$)
01/29/2026	Contributor address; City; State; Zip Code 14501 Garber Ln Houston TX 77015	\$50.00
Principal occupation / Job title (See Instructions) Diesel Technician		Employer (See Instructions) Ruan Transportation
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jefferson Desiqueira	Amount of contribution (\$)
01/29/2026	Contributor address; City; State; Zip Code 3218 Maxroy St Houston TX 77008	\$50.00
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) Uber
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grace Guillen-Trevino	Amount of contribution (\$)
01/29/2026	Contributor address; City; State; Zip Code 4606 Verbena Valley Spring TX 77388	\$20.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Guillen Realty Group
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:
2 FILER NAME Pedro Valencia				3 Filer ID (Ethics Commission Filers) .
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinah Smiley	7 Amount of contribution (\$)		
01/29/2026	6 Contributor address; City; State; Zip Code 2252 Millville Rd Chesapeake VA 23323	\$50.00		
8 Principal occupation / Job title (See Instructions) IT			9 Employer (See Instructions) Odyssey	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria Alcala	Amount of contribution (\$)		
01/29/2026	Contributor address; City; State; Zip Code 7546 Imogene St Houston TX 77074	\$50.00		
Principal occupation / Job title (See Instructions) Lending Assistant			Employer (See Instructions) Bank of Houston	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priscilla Cardenas	Amount of contribution (\$)		
01/29/2026	Contributor address; City; State; Zip Code 12830 Madison Boulder Ln Humble TX 77346	\$50.00		
Principal occupation / Job title (See Instructions) RN			Employer (See Instructions) MD Anderson	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Torres	Amount of contribution (\$)		
01/29/2026	Contributor address; City; State; Zip Code 8206 Golden Shiner Court Richmond TX 77469	\$50.00		
Principal occupation / Job title (See Instructions) Not Employed			Employer (See Instructions) Not Employed	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Pedro Valencia		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria Villarreal	7 Amount of contribution (\$)
01/29/2026	6 Contributor address; City; State; Zip Code 5755 Turtle Creek Rd Houston TX 77017	\$20.00
8 Principal occupation / Job title (See Instructions) Logistics Coordinator		9 Employer (See Instructions) SEIU TX
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas McCay	Amount of contribution (\$)
01/30/2026	Contributor address; City; State; Zip Code 5522 Regal Landing Dr Houston TX 77345	\$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlene Navarro	Amount of contribution (\$)
02/03/2026	Contributor address; City; State; Zip Code 5335 Elderberry Arbor Richmond TX 77407	\$50.00
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) HMH
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esteban Rodriguez	Amount of contribution (\$)
02/03/2026	Contributor address; City; State; Zip Code 11211 Cactus Valley Houston TX 77089	\$100.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Memorial Herman
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: -
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2 FILER NAME Pedro Valencia	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron Stewart	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code	
02/04/2026	2800 Broadway Pearland TX 77581	\$100.00

8 Principal occupation / Job title (See Instructions) Real Time Operations	9 Employer (See Instructions) Engie
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arturo Rojas	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
02/06/2026	2816 Loch Haven Drive Plano TX 75023	\$100.00

Principal occupation / Job title (See Instructions) Insurance Adjuster	Employer (See Instructions) State Farm
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME Pedro Valencia		3 Filer ID (Ethics Commission Filers)	
4 Date 12/08/2025		5 Payee name Fort Bend Democratic Party			
6 Amount (\$) \$1,250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; 13515 Southwest Fwy Ste 204 <input type="checkbox"/> Check if individual's residence address.		City; Sugar Land	State; TX
				Zip Code 77478	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Candidate Filing Fee		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/15/2025		Payee name Fort Bend Democratic Party			
Amount (\$) \$1,500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 13515 Southwest Fwy Ste 204 <input type="checkbox"/> Check if individual's residence address.		City; Sugar Land	State; TX
				Zip Code 77478	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Mailers		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name _____ Office sought _____ Office held _____					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/30/2025		Payee name Allied Signs			
Amount (\$) \$985.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 6820 Harwin Dr <input type="checkbox"/> Check if individual's residence address.		City; Houston	State; TX
				Zip Code 77036	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Flyers, Yard Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name _____ Office sought _____ Office held _____					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Pedro Valencia	3 Filer ID (Ethics Commission Filers)
4 Date 12/17/2025	5 Payee name SG HOSTING INC	
6 Amount (\$) \$49.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 700 N. Fairfax St, Suite 614 Alexandria VA 22314 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website / Email
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Best Name Badges	
Amount (\$) \$34.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1700 NW 65th Ave, Suite 4 Plantation FL 33313 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Name Badges
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/19/2025	Payee name Best Name Badges	
Amount (\$) \$53.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1700 NW 65th Ave, Suite 4 Plantation FL 33313 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Name Badges
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Pedro Valencia	3 Filer ID (Ethics Commission Filers)
4 Date 02/03/2026	5 Payee name United States Postal Service	
6 Amount (\$) \$305.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 225 Matlage Way Ste	City; State; Zip Code Sugar Land TX 77487 <input type="checkbox"/> Check if individual's residence address.
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Postage
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 02/02/2026	Payee name Office Depot	
Amount (\$) \$74.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 2602 Eldridge Pkwy Suite C	City; State; Zip Code Houston TX 77082 <input type="checkbox"/> Check if individual's residence address.
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Office Supplies
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Pedro Valencia	3 Filer ID (Ethics Commission Filers)
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4 Date 02/10/2026	5 Payee name Shell
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6 Amount (\$) \$305.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 110 Crab River Rd <input type="checkbox"/> Check if individual's residence address.	City: Richmond	State: TX	Zip Code 77469
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Postage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/11/2026	Payee name United States Postal Service
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Amount (\$) \$21.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 225 Matlage Way Ste <input type="checkbox"/> Check if individual's residence address.	City: Sugar Land	State: TX	Zip Code 77487
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Postage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/12/2026	Payee name Textla, Inc
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Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 21750 Hardy Oak Blvd <input type="checkbox"/> Check if individual's residence address.	City: San Antonio	State: TX	Zip Code 78258
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description SMS Service
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Pedro Valencia	3 Filer ID (Ethics Commission Filers)
4 Date 02/16/2026	5 Payee name Textla, Inc	
6 Amount (\$) \$400.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 21750 Hardy Oak Blvd San Antonio TX 78258 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description SMS Service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 02/25/2026	Payee name Textla, Inc		
Amount (\$) \$300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 21750 Hardy Oak Blvd San Antonio TX 78258 <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description SMS Service	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED